



City of Rockville

Department of Recreation and Parks
240-314-8620

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name: _____ Sex: Female ☐ Male ☐
Address: _____
City: _____
Email address: _____
Phone: Home _____ Work/Other _____
Emergency Contact: _____ Phone# _____

BACKGROUND AND INTEREST

Please indicate the level of education or training you have completed:

(a) Elementary/Middle/High School: 5 6 7 8 9 10 11 12

(b) Undergraduate/Graduate Major & Degree: _____

Current Occupation: _____

☐ Full Time

☐ Part Time

Hobbies, Interests, Skills, Languages Spoken:

Previous Work/Volunteer experience: _____

What is motivating you to volunteer?

☐ personal satisfaction ☐ career exploration ☐ school community service requirements
☐ other _____

PREFERENCE

Which volunteer category/categories are you interested in applying for? (Check all that apply)

<input type="checkbox"/> Community Center	<input type="checkbox"/> Preschool Childcare
<input type="checkbox"/> F. Scott Fitzgerald Theatre	<input type="checkbox"/> Recreation Class
<input type="checkbox"/> Glenview Mansion	<input type="checkbox"/> Senior Center
<input type="checkbox"/> Inclusion Companion	<input type="checkbox"/> Special Events
<input type="checkbox"/> Mentor	<input type="checkbox"/> Nature Center
<input type="checkbox"/> Youth Sports	

Please specify area of interest: _____

AVAILABILITY

What time are you available to volunteer? ☐ Daytime ☐ Evening ☐ Weekend ☐ Flexible

Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ One-time Event ☐ Negotiable

Are there any times when you cannot volunteer? (Please specify) _____

What would you like to do as a volunteer? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Helping at one-day special events | <input type="checkbox"/> Assist in programs for seniors |
| <input type="checkbox"/> General administrative duties | <input type="checkbox"/> Teaching or leading groups |
| <input type="checkbox"/> Working with individuals with disabilities | <input type="checkbox"/> Helping in sports related activities |
| <input type="checkbox"/> Assist at a cultural arts event | |
| <input type="checkbox"/> No preference | <input type="checkbox"/> Work with an after school program |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Tutor Math ____ Reading ____ Other ____ |

With what age group would you be most interested in working?

- ☐ preschool ☐ elementary ☐ teens ☐ adults ☐ senior citizens

Is transportation a concern? Yes ____ No ____ If yes, please explain: _____

REFERENCES

Where did you hear about volunteer opportunities in the Recreation Department?

Please list three (3) people as personal references who are not related to you and have known you for at least one year.

Name _____	Day Phone _____	Eve. Phone _____
Name _____	Day Phone _____	Eve. Phone _____
Name _____	Day Phone _____	Eve. Phone _____

I voluntarily consent to allow the City of Rockville or any of the City's officers, employees or agents to check my references and contact any person whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character and personality.

I understand that as a volunteer, I will be fingerprinted for a background check.

Applicant Signature _____ Date _____

If volunteer is under 18 years of age, a parent or guardian must consent to an application working as a volunteer.

Parent/Guardian Signature _____ Date _____

Email application to:
Christeen Fabe at
cfabe@rockvillemd.gov